

**APPARATUS AND METHOD FOR REMOTE TROUBLESHOOTING,
MAINTENANCE AND UPGRADE OF IMPLANTABLE DEVICE SYSTEMS**

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THE FIELD OF THE INVENTION

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The present invention relates generally to medical device systems. Specifically, the invention pertains to a remote bi-directional communications with one or more programmable devices, that are associated with implantable medical devices. More specifically, the invention relates to an integrated system and method of bi-directional telecommunications between a web-based expert data center and at least one programmer, utilizing various types of network platforms and architecture to implement, in the programmer, distance-based troubleshooting, maintenance, upgrade, information and administrative services thereby providing an economical and highly interactive system for therapy and clinical care.

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BACKGROUND OF THE INVENTION

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A technology-based health care system that fully integrates the technical and social aspects of patient care and therapy should be able to flawlessly connect the client with care providers irrespective of separation distance or location of the participants. While clinicians will continue to treat patients in accordance with accepted modern medical practice, developments in communications technology are making it ever more possible to provide medical services in a time and place independent manner.

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Prior art methods of clinical services are generally limited to in-hospital operations. For example, if a physician needs to review the performance parameters of an implantable device in a patient, it is likely that the patient has to go to the clinic. Further, if the medical conditions of a patient with an implantable device warrant a continuous monitoring or adjustment of the

device, the patient would have to stay in a hospital indefinitely. Such a continued treatment plan poses both economic and social problems. Under the exemplary scenario, as the segment of the population with implanted medical devices increases many more hospitals /clinics including service personnel will be needed to provide in-hospital service for the patients, thus escalating the cost of healthcare. Additionally the patients will be unduly restricted and inconvenienced by the need to either stay in the hospital or make very frequent visits to a clinic

Yet another condition of the prior art practice requires that a patient visit a clinical center for occasional retrieval of data from the implanted device to assess the operations of the device and gather patient history for both clinical and research purposes. Such data is acquired by having the patient in a hospital /clinic to down load the stored data from the implantable medical device. Depending on the frequency of data collection this procedure may pose a serious difficulty and inconvenience for patients who live in rural areas or have limited mobility. Similarly, in the event a need arises to upgrade the software of an implantable medical device, the patient will be required to come into the clinic or hospital to have the upgrade installed.

A further limitation of the prior art relates to the management of multiple implantable devices in a single patient. Advances in modern patient therapy and treatment have made it possible to implant a number of devices in a patient. For example, implantable devices such as a defibrillator or a pacemaker, a neural implant, a drug pump, a separate physiologic monitor and various other implantable devices may be implanted in a single patient. To successfully manage the operations and assess the performance of each device in a patient with multi-implants requires a continuous update and monitoring of the devices. Further, it may be preferred to have an operable communication between the various implants to provide a coordinated clinical

therapy to the patient. Thus, there is a need to monitor the performance of the implantable devices on a regular, if not a continuous, basis to ensure optimal patient care. In the absence of other alternatives, this imposes a great burden on the patient if a hospital or clinic is the only center where the necessary frequent follow up, evaluation and adjustment of the medical devices could be made. Moreover, even if feasible the situation would require the establishment of multiple service areas or clinic centers to provide adequate service to the burgeoning number of multi-implant patients worldwide. Accordingly, it is vital to have a programmer unit that would connect to a remote expert medical center to provide access to expert systems and import the expertise to a local environment. This approach would enable unencumbered access to the IMD or the patient.

The prior art provides various types of remote sensing and communications with an implanted medical device. One such system is, for example, disclosed in Funke, U.S. Patent No. 4,987,897 issued January 29, 1991. This patent discloses a system that is at least partially implanted into a living body with a minimum of two implanted devices interconnected by a communication transmission channel. The invention further discloses wireless communications between an external medical device/programmer and the implanted devices.

One of the limitations of the system disclosed in the Funke patent includes the lack of communication between the implanted devices, including the programmer, with a remote clinical station. If, for example, any assessment, monitoring or maintenance is required to be performed on the IMD the patient will have to go to the remote clinic station or the programmer device needs to be brought to the patient's location. More significantly, the operational worthiness and integrity of the programmer cannot be evaluated remotely thus making it unreliable over time as it interacts with the IMD.

Yet another example of sensing and communications system with a plurality of interactive implantable devices is disclosed by Stranberg in U.S. Patent No. 4,886,064, issued December 12, 1989. In this disclosure, body activity sensors, such as temperature, motion, respiration and /or blood oxygen sensors, are positioned in a patient's body outside a pacer capsule. The sensors wirelessly transmit body activity signals, which are processed by circuitry in the heart pacer. The heart pacing functions are influenced by the processed signals. The signal transmission is a two-way network and allows the sensors to receive control signals for altering the sensor characteristics.

One of the many limitations of Stranberg is the fact that although there is corporeal two-way communications between the implantable medical devices, and the functional response of the heart pacer is processed in the pacer after collecting input from the other sensors, the processor is not remotely programmable. Specifically, the system does not lend itself to web-based communications to enable remote troubleshooting, maintenance and upgrade from outside the patient's body because the processor/programmer is internally located in the patient forming an integral part of the heart pacer.

Yet another prior art reference provides a multi-module medication delivery system as disclosed by Fischell in U.S Patent No. 4,494,950 issued January 22, 1985. The disclosure relates to a system consisting a multiplicity of separate modules that collectively perform a useful biomedical purpose. The modules communicate with each other without the use of interconnecting wires. All the modules may be installed intracorporeal or mounted extracorporeal to the patient. In the alternate, some modules may be intracorporeal with others being extracorporeal. Signals are sent from one module to the other by electromagnetic waves. Physiologic sensor

measurements sent from a first module cause a second module to perform some function in a closed loop manner. One extracorporeal module can provide electrical power to an intracorporeal module to operate a data transfer unit for transferring data to the external module.

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The Fischell disclosure provides modular communication and cooperation between various medication delivery systems. However, the disclosure does not provide an external programmer with remote sensing, remote data management and maintenance of the modules. Further, the system does neither teach nor disclose an external programmer for telemetrically programming the modules.

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Yet another example of remote monitoring of implanted cardioverter defibrillators is disclosed by Gessman in U.S. Patent No. 5,321,618 issued. In this disclosure a remote apparatus is adapted to receive commands from and transmit data to a central monitoring facility over telephone communication channels. The remote apparatus includes equipment for acquiring a patient's ECG waveform and transmitting that waveform to the central facility over the telephone communications channels. The remote apparatus also includes a segment, responsive to a command received from the central monitoring facility, for enabling the emission of audio tone signals from the cardioverter defibrillator. The audio tones are detected and sent to the central monitoring facility via the telephone communication channel. The remote apparatus also includes patient alert devices, which are activated by commands received from the central monitoring facility over the telephone communication channel.

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One of the many limitations of the apparatus and method disclosed in the Gessman patent is the fact that the segment, which may be construed to be equivalent to a programmer, is not remotely adjustable from the central

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monitoring device. The segment merely acts as a switching station between the remote apparatus and the central monitoring station.

5 An additional example of prior art practice includes a packet-based
telemedicine system for communicating information between central
monitoring stations and a remote patient monitoring station disclosed in
Peifer, WO 99/14882 published 25 March, 1999. The disclosure relates to a
packet-based telemedicine system for communicating video, voice and
10 medical data between a central monitoring station and a patient that is
remotely located with respect to the central monitoring station. The patient
monitoring station obtains digital video, voice and medical measurement data
from a patient and encapsulates the data in packets and sends the packets
over a network to the central monitoring station. Since the information is
15 encapsulated in packets, the information can be sent over multiple types or
combination of network architectures, including a community access
television (CATV) network, the public switched telephone network (PSTN),
the integrated services digital network (ISDN), the Internet, a local area
network (LAN), a wide area network (WAN), over a wireless communications
20 network, or over asynchronous transfer mode (ATM) network. A separate
transmission code is not required for each different type of transmission
media.

25 One of the advantages of the Pfeifer invention is that it enables data of
various forms to be formatted in a single packet irrespective of the origin or
medium of transmission. However, the data transfer system lacks the
capability to remotely debug the performance parameters of the medical
interface device or the programmer. Further, Pfeifer does not disclose a
method or structure by which the devices at the patient monitoring station
30 may be remotely updated, maintained and tuned to enhance performance or
correct errors and defects.

Another example of a telemetry system for implantable medical devices is disclosed in Duffin et al, U.S. Patent No. 5,752,976, issued May 19, 1998, incorporated by reference herein in its entirety. Generally, the Duffin et al disclosure relates to a system and method for communicating with a medical device implanted in an ambulatory patient and for locating the patient in order to selectively monitor device function from a remote medical support network. The communications link between the medical support network and the patient communications control device may comprise a world wide satellite network, a cellular telephone network or other personal communications system.

Although the Duffin et al disclosure provides significant advances over the prior art, it does not teach a communications scheme in which a programmer is remotely debugged, maintained, upgraded or modified to ultimately enhance the support it provides to the implantable device with which it is associated. Specifically, the Duffin et al disclosure is limited to notifying remote medical support personnel or an operator about impending problems with an IMD and also enables constant monitoring of the patient's position worldwide using the GPS system. However, Duffin et al does not teach the remote programming scheme contemplated by the present invention.

In a related art, Thompson discloses a patient tracking system in a co-pending application entitled "World-wide Patient Location and Data Telemetry System For Implantable Medical Devices ", Serial Number 09/045,272, filed on March 20, 1998 which is incorporated by reference herein in its entirety. The disclosure provides additional features for patient tracking in a mobile environment worldwide via the GPS system. However, the remote programming concepts advanced by the present invention are not within the

purview of the Thompson disclosure because there is no teaching of a web-based environment in which a programmer is remotely evaluated and monitored to effect functional and parametric tune up, upgrade and maintenance as needed.

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Yet in another related art, Ferek-Petric discloses a system for communication with a medical device in a co-pending application, serial Number 09/348,506 which is incorporated by reference herein in its entirety. The disclosure relates to a system that enables remote communications with a medical device, such as a programmer. Particularly, the system enables remote communications to inform device experts about programmer status and problems, The experts will then provide guidance and support to the remotely to service personnel or operators located at the programmer. The system may include a medical device adapted to be implanted into a patient; a server PC communicating with the medical device; the server PC having means for receiving data transmitted across a dispersed data communication pathway, such as the Internet; and a client PC having means for receiving data transmitted across a dispersed communications pathway from the SPC. In certain configurations the server PC may have means for transmitting data across a dispersed data communication pathway (Internet) along a first channel and a second channel; and the client PC may have means for receiving data across a dispersed communication pathway from the server PC along a first channel and a second channel.

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One of the significant teachings of Ferek Petric's disclosure, in the context of the present invention, includes the implementation of communication systems, associated with IMDs that are compatible with the Internet. Specifically the disclosure advances the art of remote communications between a medical device, such as a programmer, and experts located at a remote location using the Internet. As indicated

hereinabove, the communications scheme is structured to primarily alert remote experts to existing or impending problems with the programming device so that prudent action, such as early maintenance or other remedial steps, may be timely exercised. Further, because of the early warning or advance knowledge of the problem, the remote expert would be well informed to provide remote advice or guidance to service personnel or operators at the programmer.

While Ferek's invention advances the art in communications systems relating to interacting with a programmer via a communication medium such as the Internet, the system does neither propose nor suggest remote programming, debugging and maintenance of a programmer without the intervention of a service person.

Accordingly it would be advantageous to provide a system in which a programmer could uplink to a remote expert data center to import enabling software for self-diagnosis, maintenance and upgrade of the programmer. Yet another desirable advantage would be to provide a system to implement the use of remote expert systems to manage a programmer on a real-time basis. A further desirable advantage would be to provide a communications scheme that is compatible with various communications media, to promote a fast uplink of a programmer to remote expert systems and specialized data resources. Yet another desirable advantage would be to provide a high speed communications scheme to enable the transmission of high fidelity sound, video and data to advance and implement efficient remote data management of a clinical/therapy system via a programmer thereby enhancing patient clinical care. As discussed herein below, the present invention provides these and other desirable advantages.

SUMMARY OF THE INVENTION

5 The present invention generally relates to a communications scheme in which a remote web-based expert data center interacts with a patient having one or more implantable medical devices (IMDs) via an associated external medical device, preferably a programmer, located in close proximity to the IMDs. Some of the most significant advantages of the invention include the use of various communications media between the remote web-based expert data center and the programmer to remotely exchange clinically significant information and ultimately effect real-time parametric and operational changes as needed.

10 In the context of the present invention, one of the many aspects of the invention includes a real-time access of a programmer to a remote web-based expert data center, via a communication network, which includes the Internet. The operative structure of the invention includes the remote web-based expert data center, in which an expert system is maintained, having a bi-directional real-time data, sound and video communications with the programmer via a broad range of communication link systems. The programmer is in turn in telemetric communications with the IMDs such that the IMDs may uplink to the programmer or the programmer may down link to the IMDs, as needed.

25 In yet another context of the invention, the critical components and embedded systems of the programmer are remotely maintained, debugged and/or evaluated to ensure proper functionality and performance by down linking expert systems and compatible software from the web-based expert data center.

30 In a further context of the invention, a programmer is remotely monitored, assessed and upgraded as needed by importing expert systems

from a remote expert data center via a wireless or equivalent communications system. The operational and functional software of the embedded systems in the programmer may be remotely adjusted, upgraded or changed as apparent. Some of the software changes may ultimately be implemented in the IMDs as needed by down linking from the programmer to the IMDs.

Yet another context of the invention includes a communications scheme that provides a highly integrated and efficient method and structure of clinical information management in which various networks such as Community access Television, Local area Network (LAN), a wide area network (WAN) Integrated Services Digital Network (ISDN), the Public Switched telephone Network (PSTN), the Internet, a wireless network, an asynchronous transfer mode (ATM) network, a laser wave network, satellite, mobile and other similar networks are implemented to transfer voice, data and video between the remote data center and a programmer. In the preferred embodiment, wireless communications systems, a modem and laser wave systems are illustrated as examples only and should be viewed without limiting the invention to these types of communications alone. Further, in the interest of simplicity, the applicants refer to the various communications system, in relevant parts, as a communications system. However, it should be noted that the communication systems, in the context of this invention, are interchangeable and may relate to various schemes of cable, fiber optics, microwave, radio, laser and similar communications or any practical combinations thereof.

Some of the distinguishing features of the present invention include the use of a robust web-based expert data center to manage and tune the operational and functional parameters of a programmer in real-time. Specifically, the invention enables remote diagnosis, maintenance, upgrade, performance tracking, tuning and adjustment of a programmer from a remote

location. Although the present invention focuses on the remote real-time monitoring and management of the programmer, some of the changes and upgrades made to the programmer could advantageously be transferred to the IMDs. This is partly because some of the performance parameters of the programmer are functionally parallel to those in the IMDs. Thus, one additional benefit of the present invention is an enhancement of the programmer may be implemented, on a proactive basis, in the IMDs by down linking from the programmer thereby upgrading the IMDs to promote the patient's well being.

Yet one of the other distinguishing features of the invention includes the use a highly flexible and adaptable communications scheme to promote continuous and real-time communications between a remote expert data center and a programmer associated with a plurality of IMDs. The IMDs are structured to share information intracorporeally and may interact with the programmer, as a unit. Specifically, the IMDs either jointly or severally can be interrogated to implement or extract clinical information as required. In other words, all of the IMDs may be accessed via one IMD or, in the alternate, each one of the IMDs may be accessed individually. The information collected in this manner may be transferred to the programmer by up linking the IMDs as needed.

Further, the present invention provides significant advantages over the prior art by enabling remote troubleshooting, maintenance and software upgrade to the programmer. The communications scheme enables remote debugging and analysis on the programmer. In the event a component or software defect is noted, the system is able to check whether a 'remote-fix' is possible. If not, the system broadcasts an alert to an operator thus attending to the problem on a real-time basis. In the execution of this function the communications scheme of the present invention performs, inter alia, a

review of usage logs, error logs, power and battery status, data base integrity and the mean time between failures status of all the significant and relevant components. Further, patient history, performance parameter integrity and software status are mined from the programmer's database and analyzed by an analyzer at the remote expert data center.

The invention provides significant compatibility and scalability to other web-based applications such as telemedicine and emerging web-based technologies such as tele-immersion. For example, the system may be adapted to webtop applications in which a webtop unit may be used to uplink the patient to a remote data center for non-critical information exchange between the IMDs and the remote expert data center. In these and other web-based similar applications the data collected, in the manner and substance of the present invention, may be used as a preliminary screening to identify the need for further intervention using the advanced web technologies.

Brief Description of the Drawings

The present invention will be appreciated as the same becomes better understood by reference to the following detailed description of the preferred embodiment of the invention when considered in connection with the accompanying drawings, in which like numbered reference numbers designate like parts throughout the figures thereof, and wherein:

Figure 1 is a simplified schematic diagram of major uplink and downlink telemetry communications between a remote clinical station, a programmer and a plurality of implantable medical devices (IMDs);

Figure 2 is a block diagram representing the major components of an IMD;

Figure 3A is a block diagram presenting the major components of a programmer or webtop unit;

5 Figure 3B is a block diagram representing a laser transceiver for high speed transmission of voice, video and other data;

Figure 4 is a block diagram illustrating the organizational structure of the wireless communication system in accordance with the present invention;

10 Figure 5 is a block diagram illustrating further component details of the structure depicted in Figure 4;

15 Figures 6A and 6B represent flow charts relating to a high level operational logic of the invention as it relates to functional elements of the components; and

20 Figure 7 represents flow charts relating to component hardware and database management logic for implementing remote maintenance and software upgrade as needed.

Description of the Preferred Embodiments

Figure 1 is a simplified schematic of the major components of the present invention. Specifically, a bi-directional wireless communications system between programmer 20, webtop unit 20' and a number of implantable medical devices (IMDS) represented by IMD 10, IMD 10' and IMD 10" is shown. The IMDs are implanted in patient 12 beneath the skin or muscle. The IMDs are electrically coupled to electrodes 18, 30, and 36 respectively in a manner known in the art. IMD 10 contains a microprocessor for timing, sensing and pacing functions consistent with preset programmed functions. Similarly, IMDs 10' and 10" are microprocessor-based to provide timing and sensing functions to execute the clinical functions for which they are employed. For example, IMD 10' could provide neural stimulation to the brain via electrode 30 and IMD 10" may function as a drug delivery system that is controlled by electrode 36. The various functions of the IMDs are coordinated using wireless telemetry. Wireless links 42, 44 and 46 jointly and severally couple IMDs 10, 10' and 10" such that programmer 20 may transmit commands or data to any or all the of IMDs via one of telemetry antennas 28, 32 and 38. This structure provides a highly flexible and economical wireless communications system between the IMDS. Further, the structure provides a redundant communications system, which enables access to any one of a multiplicity of IMDs in the event of a malfunction of one or two of antennas 28, 32 and 38.

Programming commands or data are transmitted from programmer 20 to IMDs 10, 10' and 10" via external RF telemetry antenna 24. Telemetry antenna 24 may be an RF head or equivalent. Antenna 24 may be located on programmer 20 externally on the case or housing. Telemetry antenna 24 is generally telescoping and may be adjustable on the case of programmer 20. Both programmer 20 and webtop unit 20' may be placed a few feet away from patient 12 and would still be within range to wirelessly communicate with telemetry antennas 28, 32 and 38.

The uplink to remote web-based expert data center 62, hereinafter referred to as, interchangeably, "data center 62", "expert data center 62" or "web-based data center 62" without limitations, is accomplished through programmer 20 or webtop unit 20'. Accordingly programmer 20 and webtop unit 20' function as an interface between IMDs 10, 10' and 10" and data center 62. One of the many distinguishing elements of the present invention includes the use of various scalable, reliable and high-speed wireless communication systems to bi-directionally transmit high fidelity digital/analog data between programmer 20 and data center 62.

There are a variety of wireless mediums through which data communications could be established between programmer 20 or webtop unit 20' and data center 62. The communications link between Programmer 20 or webtop unit 20' and data center 62 could be modem 60, which is connected to programmer 20 on one side at line 63 and data center 62 at line 64 on the other side. In this case, data is transferred from data center 62 to programmer 20 via modem 60. Alternate data transmission systems include, without limitations, stationary microwave and/or RF antennas 48 being wirelessly connected to programmer 20 via tunable frequency wave delineated by line 50. Antenna 48 is in communications with data center 62 via wireless link 65. Similarly, webtop unit 20', mobile vehicle 52 and satellite

56 are in communications with data center 62 via wireless link 65. Further, mobile system 52 and satellite 56 are in wireless communications with programmer 20 or webtop unit 20' via tunable frequency waves 54 and 58, respectively.

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In the preferred embodiment a Telnet system is used to wirelessly access data center 62. Telnet emulates a client/server model and requires that the client run a dedicated software to access data center 62. The Telnet scheme envisioned for use with the present invention includes various operating systems including UNIX, Macintosh, and all versions of Windows.

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Functionally, an operator at programmer 20 or an operator at data center 62 would initiate remote contact. Programmer 20 is down linkable to IMDs via link antennas 28, 32 and 38 to enable data reception and transmission. For example, an operator or a clinician at data center 62 may downlink to programmer 20 to perform a routine or a scheduled evaluation of programmer 20. In this case the wireless communication is made via wireless link 65. If a downlink is required from programmer 20 to IMD 10 for example, the downlink is effected using telemetry antenna 22. In the alternate, if an uplink is initiated from patient 12 to programmer 20 the uplink is executed via wireless link 26. As discussed herein below, each antenna from the IMDs can be used to uplink all or one of the IMDs to programmer 20. For example, IMD 10" which relates to neural implant 30 can be implemented to up-link, via wireless antenna 34 or wireless antenna 34', any one, two or more IMDs to programmer 20. Preferably bluetooth chips, adopted to function within the body to outside the body and also adopted to provide low current drain, are embedded in order to provide wireless and seamless connections 42, 44 and 46 between IMDs 10, 10' and 10". The communication scheme is designed to be broadband compatible and capable of simultaneously supporting

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multiple information sets and architecture, transmitting at relatively high speed, to provide data, sound and video services on demand.

Figure 2 illustrates typical components of an IMD, such as those contemplated by the present invention. Specifically, major operative structures common to all IMDs 10, 10' and 10" are represented in a generic format. In the interest of brevity, IMD 10 relative to Figure 2 refers to all the other IMDs. Accordingly, IMD 10 is implanted in patient 12 beneath the patient's skin or muscle and is electrically coupled to heart 16 of patient 12 through pace/sense electrodes and lead conductor(s) of at least one cardiac pacing lead 18 in a manner known in the art. IMD 10 contains timing control 72 including operating system that may employ microprocessor 74 or a digital state machine for timing, sensing and pacing functions in accordance with a programmed operating mode. IMD 10 also contains sense amplifiers for detecting cardiac signals, patient activity sensors or other physiologic sensors for sensing the need for cardiac output, and pulse generating output circuits for delivering pacing pulses to at least one heart chamber of heart 16 under control of the operating system in a manner well known in the prior art. The operating system includes memory registers or RAM/ROM 76 for storing a variety of programmed-in operating mode and parameter values that are used by the operating system. The memory registers or RAM/ROM 76 may also be used for storing data compiled from sensed cardiac activity and/or relating to device operating history or sensed physiologic parameters for telemetry out on receipt of a retrieval or interrogation instruction. All of these functions and operations are well known in the art, and many are generally employed to store operating commands and data for controlling device operation and for later retrieval to diagnose device function or patient condition.

Programming commands or data are transmitted between IMD 10 RF telemetry antenna 28, for example, and an external RF telemetry antenna 24

associated with programmer 20. In this case, it is not necessary that the external RF telemetry antenna 24 be contained in a programmer RF head so that it can be located close to the patient's skin overlying IMD10. Instead, the external RF telemetry antenna 24 can be located on the case of programmer 20. It should be noted that programmer 20 can be located some distance away from patient 12 and is locally placed proximate to the IMDs such that the communication between IMDs 10, 10' and 10" and programmer 20 is telemetric. For example, programmer 20 and external RF telemetry antenna 24 may be on a stand a few meters or so away from patient 12. Moreover, patient 12 may be active and could be exercising on a treadmill or the like during an uplink telemetry interrogation of real time ECG or other physiologic parameters. Programmer 20 may also be designed to universally program existing IMDs that employ RF telemetry antennas of the prior art and therefore also have a conventional programmer RF head and associated software for selective use therewith.

In an uplink communication between IMD 10 and programmer 20, for example, telemetry transmission 22 is activated to operate as a transmitter and external RF telemetry antenna 24 operates as a telemetry receiver. In this manner data and information may be transmitted from IMD10 to programmer 20. In the alternate, IMD 10 RF telemetry antenna 26 operates as a telemetry receiver antenna to downlink data and information from programmer 20. Both RF telemetry antennas 22 and 26 are coupled to a transceiver comprising a transmitter and a receiver.

FIG. 3A is a simplified circuit block diagram of major functional components of programmer 20. The external RF telemetry antenna 24 on programmer 20 is coupled to a telemetry transceiver 86 and antenna driver circuit board including a telemetry transmitter and telemetry receiver 34. The telemetry transmitter and telemetry receiver are coupled to control circuitry

and registers operated under the control of microcomputer 80. Similarly, within IMD 10, for example, the RF telemetry antenna 26 is coupled to a telemetry transceiver comprising a telemetry transmitter and telemetry receiver. The telemetry transmitter and telemetry receiver in IMD 10 are coupled to control circuitry and registers operated under the control of microcomputer 74.

Further referring to FIG. 3A, programmer 20 is a personal computer type, microprocessor-based device incorporating a central processing unit, which may be, for example, an Intel Pentium microprocessor or the like. A system bus interconnects CPU 80 with a hard disk drive, storing operational programs and data, and with a graphics circuit and an interface controller module. A floppy disk drive or a CD ROM drive is also coupled to the bus and is accessible via a disk insertion slot within the housing of programmer 20. Programmer 20 further comprises an interface module, which includes a digital circuit, a non-isolated analog circuit, and an isolated analog circuit. The digital circuit enables the interface module to communicate with interface controller module. Operation of the programmer in accordance with the present invention is controlled by microprocessor 80.

In order for the physician or other caregiver or operator to communicate with the programmer 20, a keyboard or input 82 coupled to CPU 80 is optionally provided. However the primary communications mode may be through graphics display screen of the well-known "touch sensitive" type controlled by a graphics circuit. A user of programmer 20 may interact therewith through the use of a stylus, also coupled to a graphics circuit, which is used to point to various locations on screen or display 84 which display menu choices for selection by the user or an alphanumeric keyboard for entering text or numbers and other symbols. Various touch-screen assemblies are known and commercially available. Display 84 and or the

keyboard comprise means for entering command signals from the operator to initiate transmissions of downlink or uplink telemetry and to initiate and control telemetry sessions once a telemetry link with data center 62 or an implanted device has been established. Display screen 84 is also used to display patient related data and menu choices and data entry fields used in entering the data in accordance with the present invention as described below. Display screen 84 also displays a variety of screens of telemetered out data or real time data. Display screen 84 may also display plinked event signals as they are received and thereby serve as a means for enabling the operator to timely review link-history and status.

Programmer 20 further comprises an interface module, which includes digital circuit, non-isolated analog circuit, and isolated analog circuit. The digital circuit enables the interface module to communicate with the interface controller module. As indicated hereinabove, the operation of programmer 20, in accordance with the present invention, is controlled by microprocessor 80. Programmer 20 is preferably of the type that is disclosed in U.S Patent No. 5,345,362 to Winkler, which is incorporated by reference herein in its entirety.

Screen 84 may also display up-linked event signals when received and thereby serve as a means for enabling the operator of programmer 20 to correlate the receipt of uplink telemetry from an implanted device with the application of a response-provoking action to the patient's body as needed. Programmer 20 is also provided with a strip chart printer or the like coupled to interface controller module so that a hard copy of a patient's ECG, EGM, marker channel of graphics displayed on the display screen can be generated.

As will be appreciated by those of ordinary skill in the art, it is often desirable to provide a means for programmer 20 to adapt its mode of operation depending upon the type or generation of implanted medical device to be programmed and to be compliant with the wireless communications system through which data and information is transmitted between programmer 20 and data center 62.

Figure 3B is an illustration of the major components of Wave unit 90 utilizing laser technologies such as for example the WaveStar Optic Air Unit, manufactured by Lucent Technologies or equivalent. This embodiment may be implemented for large data transfer at high speed in applications involving several programmers. The unit includes laser 92, transceiver 94 and amplifier 96. A first wave unit 90 is installed at data center 62 and a second unit 90' is located proximate to programmer 20 or webtop unit 20'. Data transmission between remote data center 62 and programmer unit 20 is executed via wave units 90. Typically, the first wave unit 90 accepts data and splits it into unique wavelength for transmission. The second wave unit 90' recomposes the data back to its original form.

Figure 4 is a simplified block diagram illustrating the principal systems of the invention. The Remote expert system or data center 62 includes data resource 100. As discussed hereinabove, data center 62 is preferably in wireless communications with programmer 20. The medium of communications between programmer 20 and data center 62 may be selected from one or a combination of several cable and wireless systems discussed hereinabove. Further, programmer 20 is in wireless communications with a number of IMDs, such as shown in Figure 1. Although three IMDs are shown for illustrative purposes, it should be noted that several IMDs may be implemented and the practice of the present invention does not limit the number of implants per se.

Figure 5 is a representation of the major functional components of Programmer 20, data resources 100 and the wireless data communications 131 and 136. Specifically, as discussed hereinabove, programmer 20 includes power supply 110, disc drive 112, display screen 114, CD ROM 116, printer 118, RAM/ROM 120 and stylus 122. Analyzer 126 is in bi-directional data communications with the other components of programmer 20 and includes disc drive 128, display 130, battery 132 and RAM/ROM 134.

Programmer 20 is connected to remote data center 62 via bi-directional data communication link 136. Data resource center forms the web-based data resources/expert system 100. Accordingly, data resources system 100 is a sub-component of remote data center 62, which includes information identification module 138, analyzation module 140, data storage module 142 and software update module 146.

Referring to programmer 20 in more detail, when a physician or an operator needs to interact with programmer 20, a keyboard coupled to Processor 80 is optionally employed. However the primary communication mode may be through graphics display screen of the well-known "touch sensitive" type controlled by graphics circuit. A user of programmer 20 may interact therewith through the use of a stylus 122, also coupled to a graphics circuit, which is used to point to various locations on screen/display 114 to display menu choices for selection by the user or an alphanumeric keyboard for entering text or numbers and other symbols as shown in the above-incorporated '362 patent. Various touch-screen assemblies are known and commercially available. The display and or the keyboard of programmer 20, preferably include means for entering command signals from the operator to initiate transmissions of downlink telemetry from IMDs and to initiate and control telemetry sessions once a telemetry link with one or more IMDs has

been established. The graphics display /screen 114 is also used to display patient related data and menu choices and data entry fields used in entering the data in accordance with the present invention as described below.

Graphics display/screen 114 also displays a variety of screens of telemetered out data or real time data. Programmer 20 is also provided with a strip chart printer 118 or the like coupled to interface controller module so that a hard copy of a patient's ECG, EGM, marker channel or similar graphics display can be generated. Further, Programmer 20's history relating to instrumentation and software status may be printed from printer 118. Similarly, once an uplink is established between programmer 20 and any one of IMDs 10, 10' and 10", various patient history data and IMD performance data may be printed out. The IMDs contemplated by the present invention include a cardiac pacemaker, a defibrillator, a pacer-defibrillator, implantable monitor (Reveal), cardiac assist device, and similar implantable devices for cardiac rhythm and therapy. Further the IMD units contemplated by the present invention include electrical stimulators such as, but not limited to, a drug delivery system, a neural stimulator, a neural implant, a nerve or muscle stimulator or any other implant designed to provide physiologic assistance or clinical therapy.

Data resources 100 represents a high speed computer network system which is located in remote expert data center 62 having wireless bi-directional data, voice and video communications with programmer 20 via wireless communications link 136. Generally data resources 100 are preferably located in a central location and are equipped with high-speed web-based computer networks. Preferably, the data resource center is manned 24-hours by operators and clinical personnel who are trained to provide a web-based remote service to programmer 20. Additionally, as discussed hereinabove, data resources 100 provide remote monitoring, maintenance and upgrade of programmer 20. The location of remote data center 62 and, consequently,

the location of data resources 100 are dependent upon the sphere of service. In accordance with the present invention, data resource 100 may be located in a corporate headquarters or manufacturing plant of the company that manufactures programmer 20. Wireless data communications link/connection 136 can be one of a variety of links or interfaces, such as a local area network (LAN), an internet connection, a telephone line connection, a satellite connection, a global positioning system (GPS) connection, a cellular connection, a laser wave generator system, any combination thereof, or equivalent data communications links.

As stated hereinabove, bi-directional wireless communications 136 acts as a direct conduit for information exchange between remote data center 62 and programmer 20. Further, bi-directional wireless communications 136 provides an indirect link between remote data center and IMDs 10, 10' and 10" via programmer 20. In the context of this disclosure the word "data" when used in conjunction with bi-directional wireless communications also refers to sound, video and information transfer between the various centers.

Accordingly, once data communications is established, data resources 100 may assess, monitor or analyze various data and information relating to programmer 20 or its components. For example, data resource 100 can analyze the performance history of a specific component of programmer 20. More specifically, data resource 100 can analyze usage statistical data, component status information or analyze error information of programmer 20. If an error is discovered in programmer 20, or any of its sub-components, preventative actions can be performed via bi-directional wireless data communications link/connection 124.

During one of the wireless bi-directional communications sessions, contemplated by the invention, information identification module 138 receives

identification information and historical data from one or more of the components of programmer 20. These components may include analyzer 126, or any sub-component thereof. Further, operational and instrumentation data relating to programmer 20 is collected and submitted for review by analyzation module 140, at remote data center 62. More particularly, information identification module 138 receives information identifying a particular medical component or sub-component through bar code information, a serial number, and/or a model number. Information identification module 138 also receives historical data such as the number of times the component has been turned on, the length of time of each session, the functions performed by the component during each session, and past errors or malfunctions of the component. This data is transferred from programmer 20 to data center 62 for analysis, documentation, evaluation and monitoring of the functional and operational parameters of programmer 20. In the event a defect or malfunction is indicated by the data, remedial action will be taken as deemed appropriate based on the recommendation of the expert systems or technical support residing in data center 62.

Data storage module 142 contains various information including industry-set or manufacturer's recommendation for mean time to failure standards relating to various components of programmer 20. The software contained in module 142 keeps track of usage and mean time to failure information such that when programmer 20 is interrogated, the information is readily available. This information is used to determine the maintenance, replacement or checkup of critical components in programmer 20.

Analyzation module 140 compares the historical data, such as usage, idle time and near failure or actual failure events and similar other information of a component or sub-component with information in data storage module 142. Analyzation module 140 further evaluates the historical and

performance data, using the mean time to failure standards as a model. More specifically, analyzation module 140 compares usage information, instrument status information, and error information against preset performance and operations standards for the same or similar conditions. The preset standards are generally derived from analysis of prior similar components use and failure modes. Analyzation module 140 determines whether a present failure has occurred or a near-future failure is eminent. In either case, data resources 100 would attempt to correct the present and foreseeable failures or would initiate a course of action to rectify the situation.

For example, a software upgrade application from update software module 146 can be transmitted via data communications link/connection 136 and remotely installed in a specific component or sub-component of programmer 20. An upgrade software application may correct a present or near-future failure if, for example, the failure mode of an imbedded system are known. In addition, remote data center 62 can interface with a component or sub-component directly of programmer 20 to suggest modifications or adjustments. Remote data center 62, through its web-based expert and computer systems in data resources 100, can also schedule a parts replacement order for a component in programmer 20. Setting or broadcasting an urgent message to the operator over the web-based LAN or WAN system typically does this.

Further, as discussed hereinabove, programmer 20 has touch-sensitive display 114 capable of displaying communications information from data resources 100. Therefore, urgent information relating to a critical component of programmer 20 may be communicated via display 114 to notify an operator of a component failure, a scheduled replacement activity or similar emergency maintenance issues. Finally, data center 62 can interface directly or indirectly with the components of programmer 20 to alert the

operator to change/maintain a component. The replacement activity may occur on-site or may require the component be shipped to a centralized repair facility.

5 With the invention, the computers and software and other tools at data resources 100 residing in remote data center 62 can remotely analyze a diverse number of components and sub-components of programmer 20. As discussed above, data center 62 is preferably a web-based high-speed computer network and includes other resources to enable remote
10 troubleshooting, preventative maintenance, and upgrade of programmer 20. Specifically, updated software can be provided to programmer 20 by exporting it via one of the communications media disclosed herein. Alternatively, a remote assessment and decision as to whether a component or sub-component of programmer 20 requires service can be made by
15 remotely monitoring the component in question.

Referring now to Figure 6A, a high-level software logic is provided illustrating the remote troubleshooting, maintenance and upgrade capabilities of the present invention. Specifically, the logic is initiated by requesting a
20 connection between programmer 20 and remote data center 62 under logic step 150. The logic proceeds to verify programmer 20 under logic step 152. Subsequently, programmer 62 is verified for authenticity under decision step 154. If no verification is obtained, by means of an identification or a password, the process is terminated under logic step 155. If however,
25 programmer 20 is verified, the logic proceeds to logic step 156 to activate instrument ports under logic step 156. Subsequently, the software logic proceeds to check usage logs under logic step 158. The usage logs indicate the duration and use of programmer 20. Excessive or under usage may indicate operational or functional problems. Accordingly, the usage logs are
30 downloaded under logic step 160 to remote data station 62 and directed to

analyzer module 140 in data resources 100, for analysis and evaluation. Subsequently, the usage log is checked for problems under decision step 162. If no problems are indicted the session is terminated. However, if there is an identifiable problem, the logic proceeds to decision step 164 where the logic queries if a remote solution is possible for the problem. If a remote solution is not considered viable, the system broadcasts an immediate alert to the operator under logic step 163. In the alternate, if the problem could be solved remotely, the logic proceeds to step 166 where a solution is implemented. The session then terminates under logic step 168, after recording the event. Similarly, the logic may activate instrument port to check error logs under logic step 170 and execute the designated logic routine as represented in the chart. Further, ports to check battery or power status under logic step 184, to check data base integrity under logic step 198 and to evaluate mean time between failure status under logic step 212 can be accessed and the relevant logic steps executed in the manner outlined in the chart of Figure 6A. The software-specific procedure described hereinabove encapsulates some of the major aspects of the present invention. Specifically, the process and communications scheme between remote data station 62 and programmer 20 provide a unique system for remote software installation, upgrade, maintenance and monitoring on a continuous basis.

It should be noted that patient data and related information which is ultimately the basis upon which remote station 62 interacts with programmer 20 is obtained from IMDs 10, 10' and 10". Thus, for example, patient history that is collected from the memory bank of the IMDs by up linking to programmer 20 could be ultimately transferred to remote station 62 for evaluation and analysis.

Referring to Figure 6B, the chart relates to another logic for an uplink episode between programmer 20 and data center 62. Specifically the logic

relates to data and components, data registers and software in programmer 20 which are interactive with IMDs 10, 10' and 10". The link is initiated under logic step 250. Programmer 20 is verified under logic step 252. The logic proceeds to decision step 254 to check if all the verification requirements have been met before access could be allowed. If access is not allowed, the logic to step 253 and the session is terminated. If the session is to continue, the logic proceeds to step 256 where the channels are open. The various channels include patient data under step 258, usage log data under logic 268, component status data under logic 280, error log data under logic 292 and IMDs interaction/inter-relation data under logic 308. For illustrative purposes, the patient data branch of the logic is discussed herein below.

Under logic step 258 the patient data port is opened. This data is initially obtained by up linking any one of IMDs 10, 10' and 10" to programmer 20 and transferring patient specific data stored in the IMDs. The data is generally uploaded and stored in programmer 20 on a regular or on as needed basis. Although, some of the patient data may be analyzed locally at programmer 20 level, the flow chart assumes that all patient data will be exported to remote data center 62 for analysis by analyzation module 140. Thus, the logic proceeds to decision block 262 where inconsistency in the data is checked. In the event there are no recognizable data inconsistencies, the logic proceeds to step 261 and the session is terminated. However, if there are problems in the structure and /or makeup of the patient history data the logic proceeds to decision block 264 and would determine whether the problem could be solved remotely. If the problem is such that remote implementation of a fix is not possible, the logic proceeds to step 263 where an emergency flag is broadcast to an operator thus alerting the responsible party of the problem. In the alternate, if a solution could be implemented remotely, the logic proceeds to implement the solution under logic step 262. Thereafter, the logic proceeds to step 264 where the operation is recorded,

indicating a synopsis of the problem and the remedial measures undertaken. Subsequently, the session is terminated.

Similarly, as outlined in the remainder of the logic chart, usage log is checked under logic step 268, component(s) status is evaluated under logic step 280, error log is checked under logic step 292 and interaction/interface error, which may result from programmer 20 interacting with the IMDs, is checked under logic step 308. In all these cases, in the event a problem with a component or an error with a data set is detected by data center 62, a remote solution such as software upgrade via module 146 may be implemented or a component replacement notice may be posted.

Figure 7 relates to a high-level logic flow chart relating to data management of programmer 20 and a session relating to the evaluation/debugging of the data management system by remote expert data center 62. Specifically, the system relates to debugging of software, evaluation of embedded systems by checking performance parameters of imbedded systems and analysis of database relating to patient history. The software logic is initiated by down linking data center 62 to programmer 20, under logic step 400. The programmer is identified under logic step 402. Under decision block 404 programmer 20's identification is verified. If there is no confirmation of the identification, the session is terminated under logic step 403. If programmer 20 is verified, however, the logic proceeds to initiate data management ports under logic step 410. Consequently, the logic proceeds to decision step 412 to check if the session relates to trouble shooting or software upgrade issues. If not, the logic proceeds to logic step 411 and the session is terminated. In the alternate, if the issue deals with software upgrade and/or troubleshooting, the task is performed under logic step 414. Next, the system is checked to verify the accuracy and completeness of the implemented remedy under logic step 416. Consequently the system is

checked to see if the implemented has resolved the problem under decision block 418. If the problem remains unresolved the logic proceeds to check the system a few times and after a preset number of attempts broadcasts an alert to the operator under logic step 419. If the operation is confirmed a success, the logic proceeds to step 420 where the event is recorded and the session terminated.

Similarly, if the data management issue relates to performance parameters, the logic proceeds to decision block 422. If it is found that the issue is other than performance parameters, for example, of embedded systems in programmer 20, the logic proceeds to step 423 and the session is terminated. The logic otherwise proceeds to decision block 424 to check if the evaluation session relates to current or near-future failure of imbedded systems or operational parameters thereof. If not the sessions ended at logic step 423. If failure or near-future failure is the issue, however, the logic proceeds to decision step 426 to check if a remote correction is possible under logic step 426. If a remote correction is not viable the logic proceeds to step 427 to issue/broadcast an alert to the operator. In the alternate, if a remote solution is possible, the correction is implemented under logic step 428. Thereafter, the logic proceeds to decision step 430 where the correction is checked for accuracy and related factors. If the correction is found to be successful, the session is terminated under logic step 432. However, if the problem remains unresolved, the logic proceeds to step 427 to issue/broadcast an alert to the operator.

Further, if the data management issue relates patient history, the program logic advances to decision step 434. If the investigation does not relate to patient history, the program advances to stop 423 where the event is recorded and the session ended. If, however, the session relates to patient data, the logic advances to step 436 to check various types of patient history

status under decision blocks 438, 440 and 442 where the logic checks to see if the session relates to available patient history, initial startup or missing patient history, respectively. If patient history is available under decision step 438, it is copied under step 44 and subsequently the event is recorded and the session terminated. In the alternate, if patient history is not available, the logic proceeds to decision step 44 to check if this is a condition of initial startup of either programmer 20 or initial installation of IMDs 10, 10' and 10". Clearly no prior history will be found in the database if the checkup for patient history is done in the early few hours of the implant. Accordingly under decision block 440 if it is found that the session is being undertaken during initial startup, the logic proceeds to step 446 where the event is recorded and the session terminated. In the alternate if the session is not performed during initial startup, the logic proceeds to decision step 442 where the system checks to see if patient history data is missing. If it is found that patient history data is not missing, the logic reverts back to step 436 to repeat the logic steps stated hereinabove. On the other hand, if patient history data is confirmed to be missing, the logic advances to step 443 to issue/broadcast an alert to the operator.

Accordingly, the present invention provides several advantages over the prior art. Specifically, the prior art does not teach a structure and/or method in which components of a programmer are remotely assessed, monitored or evaluated for failure or other performance defects to implement a remote solution to those problems. In summary, the present invention provides several advances over the prior art some of which include: the utilization of a communication scheme integrated with a remote web-based expert data center 62 in which expert systems are remotely deployed to evaluate component usage, check error logs and frequency of failure, check power or battery status, monitor mean time to failure status of components/subcomponents, update software, evaluate data base integrity

and check information management, perform remote or order on site repair and replacement of components and alert operators to any significant problems with programmer 20.

5 Although specific embodiments of the invention have been set forth herein in some detail, it is understood that this has been done for the purposes of illustration only and is not to be taken as a limitation on the scope of the invention as defined in the appended claims. It is to be understood that various alterations, substitutions, and modifications may be made to the
10 embodiment described herein without departing from the spirit and scope of the appended claims.